

# DROP SHIP AGREEMENT

## State of California

EXHIBIT C

 **ASD Healthcare™**  
AmerisourceBergen Specialty Group  
3101 Gaylord Parkway • Frisco, TX 75034  
P: 800.746.6273 • F: 800.547.9413

### ► ACCOUNT INFORMATION

Legal Account Name

DBA

Shipping Address Federal Tax ID

Amerisource Account #

Division (# or Name)

Bergen Account #

Division (# or Name)

Other Wholesaler Account #

Contact for Drop Ship Approval

Ph #

DEA License #

Please provide one of the following:

DUNS # (Dun & Bradstreet)

or HIN # (Health Industry)

### ► GPO (GROUP PURCHASING ORGANIZATION) INFORMATION

Primary GPO

### ► FACILITY SHIPPING INFORMATION

Name

Contact

Shipping Address

City, State, Zip

Phone

Fax

Email

### ► WHOLESALE BILLING INFORMATION

Name

Contact

Shipping Address

Name

Billing Address

City, State, Zip

County

### I AGREE TO THE FOLLOWING TERMS OF THIS AGREEMENT.

All orders must have approval from wholesale prior to processing and release of orders. **Orders must be placed no later than 3:00 pm CST for overnight shipments** to allow confirmation from ASD Specialty Healthcare to prevent any delays on scheduled deliveries.

All correspondence including pricing errors, shipping errors, credits and returns should be directed through ASD Specialty Healthcare at 800.746.6273. Credits and returns will be handled as specified in contract 1S-05-65-50 between AmerisourceBergen Drug Corporation and the State of California.

I hereby warrant and represent that I have the authority to bind the above purchasing entity to the agreement stated above.

Print Name

Print Title

Customer Signature

Date

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DSA-CA-07